



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Hubbard et al.

Title:

TISSUE AUGMENTATION MATERIAL AND METHOD

Appl. No.:

09/626,326

Filing Date: 07/26/2000

Examiner:

T. Strzelecka

Art Unit:

1637

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.

RECEIVED

AMENDMENT TRANSMITTAL

SEP 2 0 2002

Commissioner for Patents Washington, D.C. 20231

TECH CENTER 1600/2900

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- The fee required for additional claims is calculated below: [X]

	Claims as Amended		Previously Paid For		Extra Claims Presen		Rate		Additional Claims Fee
Total Claims:	73	_	70	=	3	х	\$18.00	=	\$54.00
Independents:	8	_	5	=	3	_ ×	\$84.00	=	\$252.00
First presentation of any Multiple Dependent Claims:					ims:	_ +	\$280.00	=	\$0.00
					(CLAIM	S FEE TOTAL:	=	\$306.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:



[]	Extension for response filed within the first month:	\$110.00	\$0.00
[]	Extension for response filed within the second month:	\$400.00	\$0.00
[]	Extension for response filed within the third month:	\$920.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
[]	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION	N FEE TOTAL:	\$0.00
	CLAIMS AND EXTENSION	\$306.00	
[]	Small Entity Fees Apply (subtract	½ of above):	\$0.00
		TOTAL FEE:	\$306.00

- [] Please charge Deposit Account No. 06-1450 in the amount of \$342.00. A duplicate copy of this transmittal is enclosed.
- [X] A check in the amount of \$342.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

FOLEY & LARDNER

Customer Number: 27433

27422

27433

PATENT TRADEMARK OFFICE

Telephone:

(312) 755-1900

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(312) 755-1925

Βv

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